. No. 2	DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS STANDARD CERTIF		ALTH OF MISSOURI		
5-17-39			TICATE OF DEATH	· State File No	
I X32873	Registration District No. 6	Primary Registration Dist	rlet No. 3020	Registrar's No. 96	2
ا گاتر	1. PLACE OF DEATH:	bli)	2. USUAL RESIDENCE OF DE	CEASED:	709
6 II	(a) County Lashing	tow, mo.	(a) State Mo	(b) County	<u> </u>
RECORD	(if outside city or town limits with (c) Namoof has often or institution:	e "RURAL" and name of township)	11 11 11 11 11 11 11 11 11 11 11 11 11	aide city or town limits, write "RUF	ui")
L	(If not in hospital or institution, write str. (d) Length of stay: In hospital or institution.	I Contract	(d) Street No	(If rural, give location)	LQ r
PERMANENT	In this community	45. Epscify whether	(e) Citizen of foreign country?	no.	(Yes or No)
RM	, years, months or days)	1//11	If yes, name country	. CERTIFICATION	
	3. (a) PRINT Prieda Ineres	sa Williams	20. DATE OF DEATH: Month	Cor day 2	. 8
CE A	3. (b) If veteran,	3. (c) Social Security No	year 1949 ho	ur / 2—: minute	45° /9 м.
-MAKE	name war.	6. (a) Single, widowed, married.	21. I hereby certify that I attended	the deceased from	S (/.3
X	1. Sexternale / racelohite	/divorce Married	that I last saw how alive on	27 27	19 4 3
INK	6. (b) Name of husbandor wife a fifth	6. (c) Age of husband or wife if	and that death occurred on the date	e and hour stated above.	Duration
BLACK	7. Birth date of deceased 7	7—1897 years	eutolism		10 Kareste
	(Month)	(Day) (Year)	- (Q=== P== 0.00	100.0	11-17-4:
ING	8, AGE: Years Months Days	7	affectivety,	preforted	
UNFADING	9. Birthplace Femme Osag	min.	Due to Decer Re	kafe	
	(City, town, or county)	(Stateber foreign country)	Other conditions.	know 1	TIT
USE	10. Usual occupation		(Include pregnancy within 3 months of d	enth)	PHYSICIAN
Ī	E (12. Name august of	Backhaus	Major findings: Gouge	man	 Underline
INF	13. Birthplace Schar	lest regity, Mo	afford ection,	layfocated	the cause to which death
WRITE PLAINLY—USE	E 14. Maiden name Julian	e construe	Of autopsy		charged sta- tistically.
TE	(City, town, or county)	State or foreign country)	22. If death was due to external ca		
WRI	16. (a) Informant Marthas Will	I No.	(a) Accident, suicide, or homicide (b) Date of occurrence	•	
	17. (0) Burial (b) Dat	e thereof ///30/43 (Mghf)/(Day) (Year)	(c) Where did injury occur?	(City or town) (County)	(State)
	(Burial, cremation, or removal) (c) Place: burial or cremation	hasville Mo	(d) Did injury occur in or about hor	me, on farm, in industrial place,	in public place?
, ,	18. (a) Signature of funeral director	ingthatt Suc	While at work?(8	pecify type of place)	<u></u>
	(b) Address (20 1943) June	La Ruether Bron	23. Signature P. P. Ce	- <u></u>	or other)
	(Date received total registrar)	(Registrar's signature) (Licensed Embalmer's St	atement on Reverse Side)	Date s	igned//
. 1					

STATEMENT BY LICENSED EMBALMER

working under my personal supervision.

Signed Licensed Embalmer No. 2387

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.